

PART B—ISSUE FEE TRANSMITTAL

425 - 142

30 - 561

B

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
THOMAS C FEIX FEIX AND FEIX 241 N SAN MATEO DRIVE SAN MATEO CA 94401		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/299,500	09/01/94	016	HELMER, S	1304 10/31/95
First Named Applicant	ROSS,	GREGORY E.		

TITLE OF INVENTION IMAGE TRANSFER METHOD FOR ONE WAY VISION DISPLAY PANEL

2028-01

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	TF201802	156-240.000	062	UTILITY	YES	\$625.00	01/31/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
BEST AVAILABLE COPY	
<u>1 Feix & Feix</u> <u>2 _____</u> <u>3 _____</u>	

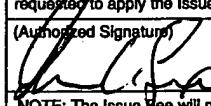
DO NOT USE THIS SPACE

1 142 625.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <u>10</u>
(1) NAME OF ASSIGNEE: <u>Clear Focus Imaging, Inc.</u>	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>06-0510</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) <u>575 West College Ave., Santa Rosa, CA 95401</u>	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(Authorized Signature) 	(Date) 11/14/95
NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
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Washington, D.C. 20231

on November 14, 1995

(Date)

Thomas C. Feik

(Name of person making deposit)

Thomas C. Feik

(Signature)

Nov 14, 1995

(Date)

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